

Authorization for Veterinary Care

Name(s) of Owner(s): _____

Phone number: _____

Pet Name(s): _____

Primary Veterinary Office: _____

Pet Current known medical issues or medications: _____

Designated Agent: Sherissa Smith

The Pet Caretaker designated above is responsible for my pet(s) while I am away and is authorized to seek veterinary services and to make all medical decisions regarding veterinary care in my absence.

While reasonable attempts to have my pet seen as needed by their Primary Veterinary office will be made, in the event of an urgent or emergency concern and/or if my regular veterinarian is not available, I authorize the above agent to seek veterinary medical attention for my pet(s) at any other licensed veterinary location.

The veterinarian is to attempt to first call me for authorization, but if I am unavailable and this is an urgent or emergency condition, or it is determined that my pet is in pain or distress, the veterinarian is authorized to begin treatment of my pet(s). If I cannot be reached, I authorize the above-named agent to make all necessary medical decisions for my pet(s), as per the recommendation of the attending veterinarian.

I agree to be fully responsible for all fees and charges and will pay for all charges incurred on my pet's behalf upon the day of service, up to \$_____.

Upon my return I will assume full responsibility for payment/reimbursement of veterinary services rendered up to the above stated amount, or more, if I have been contacted and have authorized further services.

Signature: _____

Date: _____

Special instructions: